

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10670329

FILING DATE 09-26-03

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5	1					
6		1				
7	1					
8		1				
9		2				
10		2				
11		1				
12	1					
13		1				
14	1					
15	1					
16		1				
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	13					
TOTAL CLAIMS	19					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												